

Unearthing the Buried City

The Janet Translation Project

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This document is part of *Unearthing the Buried City: The Janet Translation Project*, a series of AI-assisted English translations of Pierre Janet's works.

In his seminal 1970 book: *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*, Henri Ellenberger wrote:

Thus, Janet's work can be compared to a vast city buried beneath ashes, like Pompeii. The fate of any buried city is uncertain. It may remain buried forever. It may remain concealed while being plundered by marauders. But it may also perhaps be unearthed some day and brought back to life (p. 409).

This project takes Ellenberger's metaphor seriously — and literally. The goal of this work is to unearth the buried city of Janet's writings and make them accessible to the English-speaking world, where much of his legacy remains obscured or misunderstood.

Pierre Janet was a pioneer of dynamic psychology, psychopathology, hypnosis, and dissociation. His influence on Freud, Jung, and the broader psychotherapeutic tradition is profound, yet the bulk of his original writings remain untranslated or scattered in partial form. These AI-assisted translations aim to fill that gap — provisionally — by making Janet's works readable and searchable in English for the first time.

This is not an academic translation, nor does it claim to replace one. It is a faithful, literal rendering produced with the aid of AI language tools such as Chat GPT and DeepL and lightly edited for clarity. Its purpose is preservation, accessibility, and revival. By bringing these texts to light, I hope to:

- Preserve Janet's contributions in a readable English form
- Spark renewed interest among scholars, clinicians, and students
- Inspire human translators to produce definitive, academically rigorous editions

Systematized Anesthesia and the Dissociation of Psychological Phenomena¹

Pierre Janet

In a previous article on unconscious acts and the splitting of personality², I attempted to describe certain psychological phenomena observed during the somnambulism of a young woman, L., whom I studied with Dr. Powilewicz. The observation of this person had been interrupted, as I mentioned, by the simultaneous disappearance of all hysterical phenomena and all somnambulistic phenomena. While for six weeks I had been able to put L. to sleep very easily, simply by raising my hand, after this recovery, it became impossible for me to hypnotize her by any method. The subject's health remained perfect for eight months, but recently a few hysterical symptoms reappeared. There was certainly nothing comparable to the major crises of the past, during which convulsions and terrifying hallucinations would alternate for five hours straight almost every day. L. experienced migraines, a painful spot on the left side, two spontaneous episodes of nocturnal somnambulism, and even the beginning of a convulsive attack which I was able to stop immediately, as it occurred in my presence. But, curiously, all the hypnotic phenomena reappeared at the same time and with the same character as before.

From the very first time we saw her again, it was enough to raise the hand to cause her to fall into a complete hypnotic sleep. This sleep had the same effects on the illness as before: it made it possible to make all the hysterical symptoms disappear completely—and this time, very rapidly. And again, as the first time, once the state of hysterical illness was entirely dissipated, it too disappeared completely in turn. This period of observation was therefore very short; it lasted scarcely more than five days. But since the subject found herself, from the very first time, in the state in which I had previously left her—and so to speak, already fully prepared—it was easy for me to make good use of this time. The observations I was able to gather form a most natural complement to my earlier studies on the same subject, which is why I have undertaken to summarize their essential points.

I

The induced somnambulism of this person presents, beyond the known facts, an interesting phenomenon: the doubling of consciousness. The suggestions appear to be carried out unconsciously—at least, the real person L., whether awake or asleep, never knows either what she has been commanded to do or what

¹ Janet, Pierre. "L'anesthésie systématisée et la dissociation des phénomènes psychologiques," *Revue Philosophique*, xxiii (1887), I, pp. 449-472.

² Janet, Pierre. "Les actes inconscients et le dédoublement de la personnalité pendant le somnambulisme provoqué," *Revue Philosophique*, xxii (1886), II, pp. 577-592.

she is doing. The reflections, the calculations sometimes necessary for carrying out certain complex suggestions, are likewise unknown to L. But all these mental operations have only an apparent unconsciousness; through certain artifices—particularly by suggesting automatic writing—it is revealed that all these acts are conscious, but are attributed to another person who has baptized herself with the name Adrienne. “It is she,” she writes, “who performs the suggested acts and the necessary calculations; it is she, finally, who writes without L.’s knowledge.” This automatic writing, which I will make much use of, appears in this person (I am making no generalizations in this paper) under specific circumstances. It is not during the somnambulism properly so-called that this phenomenon is best characterized; it usually appears after the awakening. The subject seems to be in her normal state. She acts spontaneously and converses with those present without receiving any suggestions from them. But if, taking advantage of her distraction, I briefly command her to take a sheet of paper and a pencil and to write, one sees the right hand perform the commanded act without the expression of her face changing and without the conversation being interrupted. The hand responds to my questions and signs the name Adrienne, but the mouth speaks spontaneously and answers to the name L. This state corresponds, I believe—with individual variations—to the state that has often been described under the name *somno-vigil*, and more recently by M. Beaunis under the name *veille somnambulique*³ (somnambulistic wakefulness). This name has been criticized by saying that this state is not one of wakefulness. It is evident that if one understands by the word wakefulness a completely normal psychological state, then the subject is not in a normal waking state: we are not in the habit, when we are fully awake, of walking or writing without being aware of it. But one must not conclude from this that the state is one of complete hypnotic sleep. I will offer for now only one piece of evidence borrowed from the book by M. Beaunis: “The subject is in contact with the external world; he remembers perfectly everything that is said or done around him, everything he himself has said or done; memory is lost only on one particular point: the suggestion that has just been made to him.”⁴ Let us add a word: not only does L. not remember my suggestions, but she is never conscious of them, even if she is questioned at the very moment she is carrying them out—and the description by M. Beaunis suits the present case perfectly. During complete hypnotic sleep, L. is more or less indifferent to the external world and acts very little on her own initiative. If one does not use specific artifices, which amount to suggestions, she forgets everything upon waking—not only the suggestions but also everything that occurred during her sleep. In this particular state, by contrast, she retains a continuous, normal existence whose memory naturally endures, and always the forgetting and unconsciousness relate only to one particular point: namely, my suggestions. This is thus only a very low degree of hypnotism. It is true that there are subjects (I have seen several of this kind) who present a very simple hypnotic sleep, in which it would be ridiculous to establish subdivisions. But it is not the same for more complex subjects. Unless one wishes to confuse everything, one must recognize in them degrees of sleep—

³ Beaunis, *Le somnambulisme provoqué*, 20 édit., p. 166.

⁴ *Ibid.*, 165.

even if this classification is not found universally—because each degree of sleep brings about very different psychological phenomena. I will therefore say that L., when she writes automatically, is in a state of veille somnambulique, for she is in a waking state with respect to all other people, and simultaneously in somnambulism with respect to me. It is, as M. Charles Richet said in a very interesting article where he studies absolutely identical phenomena, a state of *hemi-somnambulism*.⁵

It would be interesting to study as well this new name, Adrienne, which the subject adopts when writing automatically. What does this new personality signify? Is it an accident, the product of an awkward suggestion, or a deeper and more important psychological fact? To answer that, one would need to compare this phenomenon with all the personality disturbances already noted during somnambulism—an area of study that will be so fruitful for explaining the idea of the self. That is not what I intend to do at present. I take the character “Adrienne” as she is, without concerning myself with her origin or her value, and I want to try to use her as an instrument of observation. Automatic writing, the manifestation of this character, will serve, for a time—if this is not too ambitious—as a method of psychological analysis. Indeed, there are operations in the mind of somnambulists that take place unconsciously—that is, without their knowledge; on this point, there can be no doubt. Not feeling these operations, the somnambulists cannot describe them, and we can only know them by hypothesis. Are they operations of the same nature as conscious psychological facts? Are they purely physiological phenomena? We can know nothing about it. Well, in this person whom I am studying, for one reason or another, these unknown phenomena—separated from the normal self—have grouped themselves into a new synthesis that has the appearance of a personality. They have associated themselves with a particular mode of expression, the signs of writing, and can make themselves known by it. Let us take advantage of this perhaps accidental circumstance, and on these ordinarily unknown phenomena, let us question Adrienne. The automatic writing of mediums, in my opinion, is nothing else—and will thus play a useful role. This kind of observation is, no doubt, not without the possibility of error, and automatic writing is far from being a recording device for psychic phenomena; but still, it seems to me that it offers here a means—imperfect though it may be—of penetrating further into the thoughts of somnambulists. To better explain this unusual method, here is an example of its usefulness. The well-known “portrait experiment” is as follows: a somnambulist is given ten blank cards, and it is suggested to her that on one of them there is a portrait; later the cards are shuffled and shown to her again, and she unhesitatingly finds the portrait on the same card and in the same position. MM. Binet and Féré have perfectly explained that an association must be formed between the appearance of the paper—its spots, its color, etc.—and the hallucination of the portrait. There must exist in the mind of the somnambulist two phenomena: (1) The perception of a spot on the paper; (2) The hallucination of the portrait. Yes, it must be so. But the somnambulist is never conscious of the first phenomenon. She never saw that spot on the paper which allows her to find

⁵ Ch. Richet, *Les mouvements inconscients*, dans *l'Hommage à M. Chevreul*, p. 93.

the designated card. She makes use of an artifice, and she does not know which one—it is an unconscious simulation, as M. Bergson⁶ said; and this artifice could only be suspected, not verified in its true nature. Let us repeat this experiment during the somnambulism of L. The events proceed as usual: she finds and sees the portrait like all somnambulists and can say nothing more. But let us arrange the experiment so that we can question Adrienne.⁷ The suggestion is made during hypnotic sleep, then the subject is awakened. Another person then speaks with L. and distracts her as much as possible—for example, by talking to her now about the portrait she sees and mischievously criticizing it. After a few moments, I address Adrienne in a particular tone and ask her what she sees on the paper. The right hand writes automatically: “On this paper, there is a spot at the top right.” I press further, and she writes: “I see nothing else.” And it is a curious thing to hear L. mocking my portrait, which she claims to see, while at the same time her right hand writes that there is nothing on the paper but a small spot—which, moreover, was true. Here are the two psychological phenomena joined together; they had been quite rightly suspected, but it was worthwhile to confirm them.

It is by this same procedure, of which I have just given an example, that I previously studied a curious fact of somnambulism: the suggestion with a calculated delay; and it is in the same manner that I would like to analyze another phenomenon which seems to me to deserve examination, and which has been designated, depending on the author, by the name *negative hallucination* or *systematized anesthesia*.

II

Thanks to suggestion, it is possible to forbid something to a somnambulist just as easily as it is to command her to do something. The prohibition can be general (for example, she is completely deprived of the use of a limb or of a sense) or specific (when she is deprived only of the ability to perform a certain movement or to see a certain object). In this latter case, which interests us most, the subject has retained the full function of the sense of sight—she sees everything except precisely that which she has been forbidden to see. As this very curious phenomenon has often been reported, it will not be useless to briefly summarize the various descriptions that have already been given. I do not intend by this to criticize the authors who have provided them, but only to gather together all that we know, thanks to them, about this particular fact of somnambulism.

From the earliest studies on somnambulism, facts of this kind were noted. “The time of somnambulism is often used,” says Deleuze in 1825, “to administer to the patient a remedy for which they have an aversion. I saw a lady who had a horror of leeches allow them to be applied to her feet during somnambulism, and she said to her magnetizer: ‘Forbid me now to look at my feet when I am awake.’

⁶ *Revue Philosophique*, November 1885.

⁷ I will not repeat the arrangement of the experiment used to question Adrienne; it will always be the same.

Indeed, she never suspected that leeches had been placed on her.”⁸ Bertrand, around the same time, wrote: “I saw the person who was magnetizing the somnambulists say to them while they were asleep: ‘I want you, upon waking, not to see any of the people present in the room, but instead to believe that you see such-and-such a person,’ whom he named and who often was not present. The patient opened her eyes and, without seeming to see any of the people around her, addressed her words to those she believed she saw...”⁹ Here is a curious account from Teste: “Mme G. is asleep. M... directs two or three long longitudinal passes over a few people present. Mme G., whom he then awakens, sees only him and me; the rest of the room, where she appears convinced that she is alone with us two, seems to her filled, she says, with a whitish cloud. ‘It’s astonishing,’ she says, ‘I hear voices speaking to me—but where are these gentlemen, and what has become of M...? It’s certain I hear them, so please tell them to show themselves, I beg you—it’s frightening me.’”¹⁰ The strangest part is the way Teste explains the phenomenon: “It is the magnetic fluid, an inert, opaque, and whitish vapor, lingering like a fog where the hand deposits it, which hides the objects from the somnambulist.” One should not, however, attribute this rather childish explanation to all the early magnetizers. Bertrand, as is known, supported a theory quite similar to that of Braid. “The suggested impression,” Braid said in 1843, “has so thoroughly taken hold of the patient’s mind that, under its influence, one can suspend the functions of vision, render him blind to an object placed before him, or induce the belief that the object has been transformed into another.”¹¹ This theory, with few modifications, is found again in the works of Dr. Philips¹² and Dr. Liébeault. But it seems to me that all these observers almost completely confuse this suppression of a sensation with an ordinary hallucination, and when they suppress an object, they always seek to replace it with another imaginary one.

Mr. Bernheim, on the contrary, has the merit of very clearly distinguishing ordinary or positive hallucination from this suppression of sensation which he calls *negative hallucination*: “To a lady G. in my care, I suggest that upon waking she will no longer see me, no longer hear me... I will no longer be there. Once awake, she searches for me; I shout into her ear that I am here, I pinch her hand, which she pulls back sharply without discovering the origin of the sensation... this negative illusion, which I had already produced in her during other sessions—but which had only lasted five to ten minutes—persisted this time for the entire twenty minutes that I remained beside her.”¹³

Mr. Bernheim cites other examples, but without varying the experiment much. He has been strongly criticized for the term he chose to designate this phenomenon: it is not a hallucination, it is said, but rather the suppression of the perception of a specific object, which leaves intact the perception of other

⁸ Deleuze, *Instructions pratiques sur le magnétisme animal*, 4e édit., 1853, p. 119.

⁹ Bertrand, *Traité du somnambulisme*, 1823, p. 256.

¹⁰ Teste, *Le magnetisme expliqué*, 1845, p. 415. One would find accounts of the same kind among many magnetizers—Faria, Dupotet, etc.

¹¹ Braid. *Neurypnologie*, 1883, p. 247.

¹² *Cours de braidisme*, 1860, p. 120.

¹³ *De la suggestion*, 1884, p. 27.

objects... It is a phenomenon analogous to systematized motor paralysis—a loss of specific movements while movements of another kind are preserved; it is a *systematized anesthesia*.¹⁴ Without a doubt, the phenomenon in question more closely resembles anesthesias than hallucinations—it is only a weaker degree of them—and unless one were to call anesthesia a total negative hallucination, which is not customary, it seems more natural to designate this fact by the term adopted by Messrs. Binet and Fétré. However, Mr. Bernheim is right not to treat this phenomenon as a true anesthesia, a true suppression of sensation. “I have not produced,” he says, “a paralysis of the eye; the subject sees all objects except the one that was suggested to be invisible to her. I have erased from her brain a sensory image; I have neutralized or rendered negative the perception of that image. I call this a negative hallucination.”¹⁵ And elsewhere: “The visual image is perceived; the hysterical subject unconsciously neutralizes it with her imagination.”¹⁶ The facts we have studied fully confirm this view of Mr. Bernheim, and if we adopt the new term, it is more out of habit of language than as a truly accurate expression of the facts. But one should not dwell excessively on a question of terminology.

The most recent authors, I believe, to have undertaken a specific study of this phenomenon are Mr. Paul Richer¹⁷ and Messrs. Binet and Fétré¹⁸, who have described several experiments on the subject with great precision.

- (1) If it is suggested to a somnambulist that a person—Mr. X—has disappeared, the somnambulist can no longer see him, no matter where in the room he stands. But if one adds an object to Mr. X, a hat for example, since it is not included in the suggestion, this hat remains visible and then appears to be suspended in the air. Conversely, if Mr. X takes a handkerchief from his pocket, that handkerchief remains invisible like him. I have had occasion to observe, as the authors themselves remark, that these two phenomena—and others of the same kind—are highly variable. For one somnambulist, any object added to Mr. X always becomes invisible; for another, it always remains visible. I once saw a person who saw the object halfway, as if it were cut in two, when it was being held at the same time by the invisible person and by a visible one.
- (2) The person or object made invisible actually conceals the objects it covers, but the somnambulist compensates for the missing vision of these objects with a hallucination that restores them. This is, in fact, what we do every day with the objects that fall on the blind spot of the retina. This hallucination can go very far: I once saw a subject to whom I had suggested not to see the room replace it with the hallucination of a completely different apartment, which I had never mentioned.
- (3) The invisible object must actually be perceived, because it sometimes produces a consecutive image in the complementary color, which is visible. If

¹⁴ Binet et Fétré, *Revue Philosophique*, 1885, I, p. 23.

¹⁵ *De la suggestion*, 2e édit., 1886, p. 45.

¹⁶ *Revue de l'hypnotisme*, 1886, p. 68.

¹⁷ *La grande hystérie*, 1885, p. 724.

¹⁸ *Le magnétisme animal*, 1887, p. 228.

one makes a red sheet of paper disappear, the somnambulist does not see it, but after a little while, she sees a greenish color in the same spot. I have not observed this phenomenon clearly enough myself, but the physical and mental conditions upon which somnambulism depends are so complex that one should never be surprised at not encountering exactly the same phenomena as other observers.

- (4) "Among ten cards of similar appearance, we designate one to the somnambulist patient, and that one alone will be invisible. Upon waking, we then show her the ten cards one by one: only the one that we had pointed out during the somnambulism is invisible. If the patient makes a mistake at times, it is because the reference point is lacking and the cards are too similar; likewise, if we show her only a small corner of the cards, she sees them all."¹⁹ This experiment, in my opinion, is crucial, and it indicates the true nature of the question. It is no longer a matter of retinal paralysis, neither complete nor partial. "The subject must recognize the object in order not to see it... the recognition of the card, which requires a very subtle and very complex operation, nevertheless results in a phenomenon of anesthesia. It is therefore probable that this act of recognition takes place entirely in the unconscious... there is always an unconscious reasoning that precedes, prepares, and guides the phenomenon of anesthesia." Not only is this probable, but it is necessary: once awake, the somnambulist remembers nothing of what she was told to do; she does not know there is an object she must not see, nor what that object is. Yet when this card is shown to her, the memory must somehow return, and she must recognize the card by certain signs—even though she has no conscious awareness of any of it.

It seems to me that there is a certain analogy between this problem and the one I previously studied: How does a somnambulist, to whom one has ordered to return in eight days, count those eight days when she has no memory of the suggestion? How does she recognize a sign she does not remember and that she even appears not to see? These two problems are identical, and if the observation of the subject I spoke of allowed me to shed some light on the first, it may also help me clarify the second. In this way, I will add a few details to all the accurate observations I have just reported.

III

During complete hypnotic sleep, I place on the somnambulist's lap five blank cards, two of which are marked with a small cross. "When you are awake," I say to her, "you will not see the papers marked with a cross." I then awaken her as fully as possible about ten minutes later, and she retains no memory of my command, nor of anything she may have done during the sleep. As she is surprised to see papers on her lap, I ask her to count them and hand them to me one by one. L. takes, one after the other, the three unmarked papers and hands them to me. I insist and ask for the others; she maintains that she cannot give me

¹⁹ Binet et Fétré, *Magnétisme animal*, 236.

any more, because there are no others. Her facial expression does not appear altered, and she seems fully awake; she is able to converse freely and remembers everything she is doing—even having answered me that there were only three papers on her lap. I take all the papers and lay them out again on her lap, face down, in such a way that the crosses are hidden; she counts five and hands them all to me. I place them again, this time leaving the crosses visible; she is only able to pick up the three unmarked ones and leaves the other two. This is the experiment of Messrs. Binet and Fétré, and it seems natural to conclude, as they do, that the crosses are seen and recognized in some manner. It is not L. who can explain how, for she has never seen any crosses on those papers—of that she is quite certain. At that moment, I step away from her and, taking advantage of a sufficient moment of distraction, I address Adrienne and command her to tell me what is on her lap. The right hand takes a pencil placed within reach and writes: “There are two papers marked with a small cross.”

“Why didn’t L. hand them over earlier?”

“She cannot. She does not see them.”

“Did she recognize a cross on those papers?”

(She does not answer me directly and writes:) “I don’t know. It is I who sees them with a cross.”

Let us begin another experiment. I put the subject back to sleep and place twenty small numbered slips of paper on her lap. “You will not see,” I say to her, “the papers that bear numbers which are multiples of three.” Upon awakening, the same forgetfulness and the same astonishment of L. in front of these papers still resting on her lap. I again ask her to hand them to me one by one: she gives me 14 and leaves 6, which she takes great care not to touch—the 6 that remain are the multiples of 3; I insist again, but she sees no others. The same arrangement of the experiment is used to question Adrienne. “What is on your lap?” she replies, but always in writing and without L. knowing:

“There are 6 small papers.”

“And what is on these papers?”

“Numbers: 6, 15, 12, 3, 9, 18; I see them clearly.”

The same experiment was repeated by making the multiples of 2 disappear, then the multiples of 5.

Then I placed in front of her some papers marked with a letter and made the vowels or the consonants disappear. Then I used papers marked with several lines and made those bearing 3 lines disappear; finally, showing her during sleep some colored papers, I forbade her to see the red. The result of these experiments was exactly the same as that of the previous ones: L. did not see the suppressed object at all, but Adrienne responded in writing that she saw it very clearly.

We then resumed the most ordinary experiment: During sleep, I suggested that Dr. Powilewicz, who was present at the time, got up and left, and that upon waking, she would no longer see him. Upon awakening, L. looks all around the room and remarks that the doctor has left. “Adrienne,” I say to her, “get up and give the doctor your hand.” She gets up and, without hesitation, goes to extend her hand to him, though her eyes continue to search for him. When she is asked what she is doing and to whom she is giving her hand, she replies with a laugh:

"You can see clearly, I'm sitting on my chair and I'm not giving my hand to anyone." Since she believed she was sitting and immobile, she probably felt no reason to move, and so she remained standing, immobile, with her hand extended. It was necessary to command Adrienne to return to her seat. Naturally, L. had no memory of having stood up and given her hand, but she remembered everything else, in particular the disappearance of the doctor—the rest, as always, belonged to Adrienne's consciousness.

It remained to be seen whether more extensive anesthesias would present the same character. During sleep, I suggest that upon waking she will be completely blind. Upon waking, complete blindness—which fortunately does not frighten her too much, as she invents an explanation that the lamp has gone out and that we are all in darkness. A strong light projected directly into her eyes does not even make her look away; ordinarily, she hides her eyes in terror and even falls into catalepsy. This experiment proves that the insensitivity of the eyes was indeed complete and could not have been feigned.²⁰ I then question Adrienne, who claims to see very clearly and identifies in writing all the objects I show her.

All the preceding studies concerned only artificial anesthesias obtained by suggestion; one might believe that natural anesthesias, produced for example by the illness of our subject, would be deeper and would not allow the consciousness of Adrienne to persist. This is not the case, and the law previously established remains identical even for these new phenomena. I had already observed in the past that the amnesias of L. did not likewise affect Adrienne. The latter can recount in writing everything that happened during the hypnotic sleep at the moment when L., upon waking, has forgotten everything; she can even recount in the same way the hallucinations of hysterical crises of which L. has no memory, either during waking or during somnambulism. This fact I observed again; L. had, over several nights, nightmares and twice experienced natural somnambulism. She retained no memory of any of it. Adrienne recounted in writing the various incidents of these sorts of crises. Thus, the memories removed from normal consciousness by the illness were found in the other person. But let us go even further. L. has for years suffered from complete anesthesia of all parts of the body: she has retained, though with an obvious diminution, the special senses, but she cannot perceive in any way pain, contact, temperature, or pressure. She never recognizes nor feels an object placed in her hands, she never knows the position of her limbs when she does not look at them, she cannot move about or assess things except by sight, and that perhaps only because in natural or artificial somnambulism she always has her eyes open. It is difficult to keep them closed. These characteristics I had previously noted and described at a time when I was not yet thinking of the dissociation I am currently studying. All the people who have known this woman have remarked upon her insensitivity, which must go back very far, for L. has no memory of ever having been otherwise. Well then, did this anesthesia behave like the others, and did Adrienne experience the sensation removed from L.? I had never asked myself this question before, so

²⁰ Messrs. Binet and Féré conducted a similar experiment by making, through suggestion, a gong disappear, the sound of which was then no longer heard by the patient and no longer provoked catalepsy.

convinced was I of her complete insensitivity. And I approached the subject specifically to examine so important a fact. Without giving any suggestion, without even putting her to sleep, I merely confirmed that, as soon as she had entered, she was in a state of somno-vigil and that Adrienne was responding to me. Outside her field of vision, I strongly pinched her left arm—L. showed no emotion, just as I had often observed, and did not seem to notice anything.

“Adrienne,” I then said, “answer me, what am I doing to the left arm?”

The right hand suddenly wrote, while the face remained expressionless:

“You are pinching me.”

“Which finger am I touching?”

“The little one... the second.”

“What am I putting in your hand?”

“A pencil... a sound.”

“Where is it placed on your arm?”

“On the wrist... above the vein... you put my hand on my forehead... now on my ear.”

One could not have expected this result; it was only the continuation of previous facts, but I was nonetheless very surprised, so accustomed was I to considering this person as absolutely anesthetic. Out of curiosity, I measured Adrienne’s tactile sensitivity with the esthesiometer, and while L. was incapable of feeling even a strong burn inflicted suddenly, Adrienne perceived very well the distance between the two points of the esthesiometer, just as a normal person might. On the inner surface of the wrist, the minimum distance at which the two points can still be distinguished by Adrienne and reported in writing as separate pricks is 22 millimeters on the right and 30 millimeters on the left. The same observation made on normal individuals yields figures ranging between 25 and 30 millimeters. Adrienne’s sensation is therefore very fine.

It seems fair to note that this sensitivity of Adrienne, although I have only just observed it, must have existed for a long time, and in particular during all my research conducted eight months ago. It is a curious thing that one can pass by such an interesting phenomenon without seeing it. Is it not, in our case, a kind of systematic anesthesia? I had previously observed that the eyes did not lower toward the paper during automatic writing; however, this writing was legible and the words never extended beyond the paper. How could she have written in this way without looking, if she had not made use of the tactile and muscular sense? L., in the normal state, does not write this way; she bends down and constantly follows with her gaze the pen and the paper: one writes with sight, the other with touch. I had also noted that, during catalepsy, the different positions given to the limbs, even outside the range of vision, became the starting point of a suggestion: these positions were therefore sensed. I also noted that Adrienne knew what was happening during catalepsy, and yet I had not at the time connected these two facts to confirm that Adrienne possessed tactile sensitivity. Another detail: during catalepsy—as sometimes happens—the subject obeyed only me. Any other person who touched the limbs found them stiff and contracted; they were, on the contrary, light and flexible for me. It was electivity during catalepsy. But how could she have recognized the touch of my hand if she had not been sensitive?

Finally, how could she have recognized an object at first touch, associated its name with touch, if there had not previously been a long training in tactile sensitivity? These remarks prove, which in any case was already certain, that it was not I who at that moment suggested sensitivity to Adrienne, but that this sensitivity was in fact normal and already existed.

Thus am I inclined to believe that it would be the same for all anesthesias in hysterical nature—for example, if one managed to split in the same way a person affected by hysterical love,²¹ or rather clearly showed the splitting that already exists due to the illness, one would find that sight is completely removed and yet not diminished. It is, moreover, what Mr. Bernheim has already shown with other procedures: he arrives at this conclusion, which is also mine: “I believe I have demonstrated that hysterical amaurosis, that hysterical achromatopsia, do not exist as material organic disorders; the phenomena are due to an illusion of the mind, the blindness of hysterics is a psychic blindness... I add that the amaurosis and achromatopsia suggested in the hypnotic state are of the same nature as those of hysterics.”²²

All the experiments are therefore in agreement and highlight an important fact: anesthesia, systematized or even general, whether obtained through suggestion or produced by hysteria, is not a true anesthesia—that is to say, the destruction of sensation. The authors I have cited suspected this well enough when they supposed a perception that had become unconscious, an unconscious reasoning guiding the anesthesia. But I must admit I do not understand these words: unconscious perception, unconscious reasoning. If a phenomenon is not conscious, it cannot be a psychological fact—that is to say, a perception or a reasoning; it changes in nature and becomes something else, perhaps a mere movement. A reasoning cannot be formed in the mind of a person unless it is conscious. In the present case, why is it not known by the somnambulist or the hysteric? Because a psychological phenomenon can be conscious and not be connected by association to the group of sensations and memories that constitute the idea of the self. When this phenomenon arises, it may remain isolated and disappear entirely after having played its role, without being associated with any manifestation, without its memory being awakened by any fact, since none is connected with it; or it may associate with a few other facts likewise separated from all consciousness and form a kind of second personality, such as we observe in a subject like Adrienne. In a word, this anesthesia is nothing more than a simple dissociation of phenomena, such that any sensation or idea removed from normal consciousness still persists and can sometimes be found again as part of another consciousness.

²¹ I have since learned that the person I am working with suffered in childhood, around the age of eight, from an almost complete blindness that lasted, with some interruptions, for two years. She was placed in a dark room and ointments were applied to her eyes. I cannot help but note that not long before, around the age of seven, the major symptoms began, and that a hysterical amaurosis would not be surprising in such a woman—and that Adrienne, if she existed, must have seen very clearly. Perhaps a hypnotic suggestion would have had a better result than all the ointments. I hasten to add that this supposition is entirely gratuitous; perhaps the eye condition was very serious and very well treated.

²² Bernheim, *De l'amaurose hystérique et de l'amaurose suggestive. Revue de l'hypnotisme*, 1886, p. 71.

IV

Having thus determined the existence of an Adrienne consciousness during systematized anesthesias, I wanted to examine the extent of this consciousness—that is to say, the number of phenomena of which Adrienne was then aware: it was a way of better understanding her.

Let us resume the first experiment—it is not dramatic and has the disadvantage of not entertaining the public, nor the somnambulists, but it is very precise. During sleep, I again place five small papers on her lap and repeat the same command: “You will not see the papers marked with a cross.” Upon waking, I do not question L. as I did previously, and I do not remove the papers she sees. It is Adrienne I question now, holding the first slip, and it is to her that I ask to return the papers that are on her lap. Her eyes lower for a moment, and her hand hands me only two papers, the two marked with a cross. I insist, she does not move anymore, finally she writes: “There are no more.” I then question L. “Give me the papers that are on your lap.” She looks and gives me without hesitation the three remaining papers. Thus all the papers were seen and returned—some by L. and the others by Adrienne. Neither of them sees them all. I put her back to sleep and begin the second experiment again. “You will not see,” I say, during sleep, “the multiples of 5.” Upon waking I ask Adrienne the numbers of the papers on her lap. “There are 4,” she replies in writing, “10, 5, 20, 45.” L., on her side, sees the other 16. And so it is the same for all the other experiments; one must simply add one word to what I said earlier: Adrienne sees the objects that L. does not see, *but she can only see those*.

If the previous remark is true, it must have this consequence: Any phenomenon artificially added to Adrienne’s consciousness will be removed from L.’s consciousness, since they do not seem to see the same thing at the same time, and one must thus produce systematized anesthesia for L. by giving a positive suggestion to Adrienne. Let us try: During sleep, I make sure that only Adrienne listens to me and that it is to her that I speak: “Adrienne, upon waking you will see the papers marked with a cross... the multiples of 3, etc.” The result is exactly the same as before. L., questioned first, no longer sees those same papers. I had noticed that Adrienne did not use her eyes to write and that in general she did not see. I suggest to her that she use her eyes and see clearly. This is what happens upon waking, but L. immediately cries out: “What’s going on—now I can’t see them anymore,” and I am obliged to put her back to sleep to dispel her confusion. “When you are awake,” I say again to Adrienne, “you will know the numbers and you will write them on a paper.” While she writes them automatically, another person questions L. and asks her to count to 10. She thinks one is making fun of her and tries to count, but to her great astonishment she no longer knows a single number, and yet Adrienne writes them every day. I command Adrienne to write the alphabet—L. no longer knows it. I ask for the spelling of a word: hat, house. If, *at that very moment*, I ask L., she searches in vain and says she has forgotten. Finally, while Adrienne searches and sees the multiples of 3 in the previous experiment, L. has forgotten what those multiples are.

This last experiment did not succeed on the first attempt as all the others did²³; perhaps the dissociation was too precise: what I removed from L.'s consciousness was perhaps not the concept of multiples of 3 in general, but the visual notion of the particular multiple, the one drawn on the paper; the effect is that L. does not see it. But it is enough to say to Adrienne in a general way: "You know the multiples of 3," for L. to completely ignore them.

These experiments can be varied indefinitely—the result would always be the same: it seems more instructive to me to look among the older experiments and natural phenomena, in which my current ideas could not have been reflected through involuntary suggestions. There are no facts of the same kind that confirm this second law. I have already recounted a fact that struck me as quite curious, but whose full significance I did not grasp. One evening I suggested to Adrienne (it was to her that all the suggestions were then addressed) to come the next day to Dr. Powilewicz's home at 2 o'clock. And when L. arrived the next day, I could never make her recognize where she was; she kept insisting she was at home. I called this an unconscious act, but in reality it is something more—it is another fine case of systematized anesthesia. L. had not seen the road, the house, the office where she was; she replaced this absent vision with a hallucination—we know that this is the rule—but the main fact remained visual anesthesia. Yet I had not suggested anything of the sort. I was astonished by this result and naively tried to disprove it. I had simply suggested an act to Adrienne and consequently the recognition of the road, the house, the office, and at the same time, without knowing it, I had removed all such knowledge from L. in accordance with this law of dissociation that I now explain—but which I did not yet suspect at the time. It acted as a negative backlash, a systematized anesthesia for L. I was making her perform a mocking gesture—not only was the act unconscious, but L. did not see the hands placed before her eyes. Things were therefore happening then exactly the same way as they are now.

There are hardly any absolutely natural phenomena in Adrienne through which one could verify the same law as was just established for L.'s anesthesia. But there is one fact so constant that it characterizes the existence of this personality: it is automatic writing. It now exists without suggestion; I need only address Adrienne even without having put L. to sleep for her to respond by writing without L. knowing—it is a sort of writing medium. This constancy of Adrienne's writing does not seem to contradict the previous facts, for in reality L. has not lost, as far as I know, the faculty of writing. To respond more precisely, it is during a state I have called somno-vigil that Adrienne can write in this way, and this state is not constant; it is only during this state that one must see if L. can also write. This experiment, which seems simple, nevertheless presents considerable practical difficulties: one obviously cannot make them both write at once with the same right hand. One must therefore begin by having Adrienne write to verify her presence and the somno-vigil state, then stop her right hand and have L. write in turn. But when this is done, it almost inevitably destroys that particular state, because it awakens the subject from the semi-sleep. (One of the characteristics

²³ For all the other experiments I have recounted how things happened from the very first time. The influence of the subject's training is hardly admissible for this last experiment, which only succeeded on the third attempt.

that indeed distinguish somno-vigil from hypnotism is that it is much more easily destroyed.) I have even at times seen the subject emit a slight sigh similar to the convulsive jerk that occurs at the moment of awakening from hypnotism. Then Adrienne is destroyed and L. can write normally. I nevertheless managed, by continuing to speak to Adrienne, to stop the hand with caution, without destroying the state she was in. At that moment, if one asks L. to write something, to her great surprise she can no longer trace a single letter. It seems then that the moment a person possesses automatic writing, they have lost ordinary conscious writing. It would be very interesting to repeat this experiment on people who play the role of writing mediums in spiritualist experiences. If it yielded the same result, it would provide excellent evidence for the kind of splitting of the soul similar to the phenomenon I am currently studying. But, I repeat, the experiment is delicate and often the existence of this state is not easy to verify. A person who had never put the medium to sleep would awaken them all the same; to study spiritualism scientifically, one would first have to hypnotize the medium and study the psychological characteristics of their somnambulism—perhaps one would find many of the traits I have pointed out here.

This second series of experiments, despite certain difficulties, thus also seems to show a certain consistency. Not only, as we have seen, does Adrienne have awareness of the ideas removed from L. during the anesthesias, but she is aware only of those. Every psychological phenomenon which, for one reason or another, is associated with this abnormal synthesis of facts that is called Adrienne, is at the same time removed from the group of ideas that forms the normal self. And one can produce anesthesias in an indirect manner by making phenomena enter into Adrienne's consciousness through positive suggestion. Anesthesia is then only the negative side of a positive vision, and one cannot help but notice that this is not quite the same as what has been designated under the name of negative hallucination. No doubt there is something artificial in these formulas, which summarize extremely complex phenomena that have only been observed in a small number of experiments. Certain very complex psychological phenomena can be subdivided in such a way as to appear to weaken on one side or the other; automatism and suggestion are perhaps nothing more than results of this narrowing of the field of consciousness. But to varying degrees, with more or less clarity, the dissociation of consciousness phenomena seems to be the dominant feature of the facts we have observed.

V

What are the limits of this dissociation—that is to say, what are the phenomena that cannot be subdivided, or those that cannot be made to pass from one person to the other? This is an important question to which I can only respond, for now, in a very incomplete way. A small number of experiments, however, do seem to relate to this problem.

During somnambulism, I forbid L. from seeing the color red or I suggest to Adrienne that she see it—we know the result will be the same. Upon waking, L. no longer distinguishes red and takes it for gray, Adrienne recognizes the color

red. But it is known that white is composed of red rays and bluish-green rays; a person whose retina is fatigued does not distinguish the red rays, sees only the green rays in white, and sees it as green. This is at least the explanation given when one experiences consecutive images of complementary colors. If L. no longer distinguishes red, she must also see white paper as green. I show her white paper, and she finds it absolutely white, the red alone is invisible, all other colors are seen normally (with some confusion due to a slight achromatopsia); on the other hand, if Adrienne sees red, she should be able to distinguish the red rays in white, or not see the white paper at all. From this experiment, it seems to me that one can draw the following conclusion: dissociation does not take place in the sensations and does not modify the way they are felt; dissociation occurs in perception, that is, at the moment when conscious sensations are classified in groups and associated with each other. By saying: "Adrienne, you will see the color red," I did not change the sensation of red nor that of white, but I produced an artificial association between the sensation of red on one hand, and the name of Adrienne with all the memories linked to it on the other. Hysterical anesthesias may all be of the same kind—not a flaw of sensation, but a flaw of association.

There are other phenomena still that one can hardly separate and transfer from one person to another. It is known that Adrienne never expresses herself except through writing, and that L. has always retained speech for herself; I sought to reverse this order and make Adrienne speak. This, it seems, is a very difficult task, for all my suggestions failed. I then tried to put the subject into a much deeper sleep, thinking the suggestion would have more power. For that, I began again to make passes in front of the face, which I had not done in a long time; the light hypnotic sleep produced by a signal, by raising the hand, had been sufficient until now for my experiments. Her eyes closed, the subject collapsed and fell into a deeper and deeper sleep; there was at first a general contraction which dissipated by itself, and the muscles remained limp as in lethargy, but without the ability to produce provoked contractions. No words could make L. move; a command to Adrienne caused only a slight movement of the fingers and nothing more. After half an hour of this sleep, the subject sat up again on her own, and her eyes, at first closed, then opened; without being asked, she spontaneously began to speak. But the person now speaking was Adrienne and not L. "How can one know this?", one will ask. The person speaking to me now named herself Adrienne, whereas L., even now, has no idea what that name designates and does not even hear it when I say it or pronounce it myself. Moreover, this person had a complete memory of all previous suggestions, of both natural and artificial somnambulisms, and even of former hysterical episodes—which do not exist with L. Finally, she had absolutely complete tactile sensitivity, as I had previously observed in Adrienne. And to continue this fictional framework that we have used until now to classify the phenomena, we must certainly give this person the name Adrienne. As for L. she had completely disappeared; it was impossible to elicit any manifestation from her. This new somnambulism was characterized by the absence of the usual doubling, and had a particular quality that I have only seen once before in another great somnambulist, Madame B., of whom I have often spoken: she became alternating. After twenty minutes of stimulation, the subject

fell back asleep on her own, slept for a quarter of an hour, then awoke in the same state as before. It was also much harder to awaken the subject than in the past—the usual suggestion was no longer enough. I had to shake her hands in front of her face and blow air for a long time. I cannot fully describe this new somnambulism that I observed only once, but I must mention it because it is important. It was impossible to make any suggestion whatsoever. The person who emerged was intelligent, much more so than L. in the normal state, but above all more complete—she had a sense of self and the memory of her entire existence. She was at once freer and more conscious than ever. This is a fact that shows how important dissociation and doubling are in suggestion—when the person becomes one and recovers full possession of their faculties, suggestion becomes impossible.²⁴

The previous observation shows us that the relations between the two groups of phenomena, between Adrienne and L., are far from always being the same, and one could establish in this regard a sort of comparative table.

- (1) One might suppose in this person a first state, which would be the state of health or normal waking. (I can scarcely observe this state, as it almost always disappears as soon as I arrive.) At this moment, L. exists entirely with all her faculties nearly intact. Hearing is fine, vision is very little impaired²⁵, smell and taste remain normal, only tactile sensitivity is completely absent, the memories are precise and complete, except for everything related to hypnotic sleep and hysterical crises. These are indeed the gaps in her memory that sometimes preoccupy her greatly. The will seems rather strong, and the temperament is lively and prone to anger. Adrienne at this moment scarcely exists. Perhaps she has tactile sensitivity and indeed education, but she does not manifest it.
- (2) The state of somno-vigil, which manifests as soon as she sees me, or, if needed, following a hypnotic sleep. — L. is then somewhat embarrassed and diminished, she no longer speaks precisely for herself, she says little, but she is very timid. Hearing is greatly diminished, and certain words, when I pronounce them preceded by Adrienne's name, are not heard at all. "I see your lips moving," she says, "but I do not hear at all what you are saying." She does hear me if I speak to her directly, but sight and smell undergo no special suggestion, touch is still entirely absent. The memories, those I have mentioned, persist, and the memory of the words she speaks in this state is preserved. Spontaneous will exists, though greatly altered, temperament becomes much softer. Adrienne then exists more, she hears me when I address her directly, she has full tactile sensitivity, she remembers the sleepwalking states and the hysterical crises, but she has no memory of the rest of her existence unless I insist, and then it is lost to L. at that moment. She has no spontaneous will, but can act on my command without L. knowing, when L. is strongly distracted by another person. If L.'s attention is focused on her own

²⁴ I have already observed a similar fact in Madame B. The most complete somnambulism is not the best moment for making suggestions.

²⁵ The visual field is always quite severely restricted, as shown by an observation that Mr. Dr. Brunschwig, ophthalmic surgeon at the hospital, was kind enough to make for me.

- acts and commands as if she were acting on her own, my orders to Adrienne are not executed.
- (3) The ordinary hypnotic sleep I produce by suggestion — L. sleeps again, sees and hears, but has no spontaneity, she stays motionless on her chair unless I speak to her. Adrienne is stronger, and I no longer need to distract L. to have her execute my orders.
 - (4) In more intermediate states, a complete somnambulism is possible such as I have described. — L. no longer exists at all. Adrienne takes the place of L. for a longer or shorter period. She takes the floor and appears during this whole time as the more complete and freer being than L. ever was, even in the waking state. No suggestion is then possible.
 - (5) A last state I have often observed before, and that I can now more frequently produce²⁶, is catalepsy. — L. no longer exists either, but Adrienne in turn falls asleep, no longer speaks, barely hears or does not hear at all, and thus no longer understands the meaning of the words she repeats. She no longer exists except through sight and muscle sense, which persist and through which special suggestions can still be made.
 - (6) Finally, from the states of more or less complete lethargy, where Adrienne in turn almost completely disappears, there appears the special exaggeration of reflexes, which may perhaps be accompanied by a consciousness that nothing can manifest.

These divisions are obviously somewhat artificial, and the nature is much more complex, so they do not appear exactly the same in all somnambulists. But it is nonetheless necessary to establish them, even provisionally, in order to study a complicated somnambulism, and especially that of a hysterical subject.

The fact that emerges here through these divisions is that, as always, there is a gradation in the depth of sleep and that at each different degree there correspond different degrees of dissociation.

We see that in attempting to give language to Adrienne, I had totally suppressed L.; the same thing even happened when I tried to remove Adrienne's sensitivity in order to return her to the normal person L. It was interesting to cure an ancient tactile anesthesia by suggesting precisely the anesthesia to the artificial personality that seemed to have taken it. Previous experiments show that this was possible. The experiment failed several times; Adrienne would lose tactile sensitivity for a moment, L. could not retrieve it; by insisting, I achieved a partial success. L. would feel a prick a few moments after awakening, then become insensible again. I would then repeat the same suggestion for each sleep cycle. On the last day of this research, when I was examining the subject's state before beginning a new experiment, I saw that tactile sensitivity had returned precisely to L. In somnambulism, she felt very well; in the waking state, she suffered from the pricks, distinguishing them at a distance of 40 millimeters from the two points of the esthesiometer, but she still recognized the pricks only when touched. It was only because she had never had to do so. I then wanted to examine Adrienne, but

²⁶ It is quite interesting to note that formerly, at the time of the major crises of hystero-epilepsy, I was able to easily provoke true catalepsy and lethargy, whereas now, when the hysterical condition is much milder, I have barely been able to obtain a moment of catalepsy and never any lethargy.

when I addressed her, there was no response, no automatic writing, no spontaneous movements. My commands to Adrienne were not obeyed. Moreover, it was no longer even possible to suggest anything to L.; and it became impossible to deepen the hypnotic sleep, which in any case quickly disappeared, and the patient, once completely cured, was no longer sensitive to any practice of hypnotism.

Is it I who, this time, killed Adrienne by removing her tactile sensitivity, which perhaps played an important role in this abnormal synthesis of conscious phenomena? Or has the doubling disappeared as it did before with the cessation of the hysterical troubles? Have these troubles themselves been dissipated by the restoration of sensitivity, by the suggestions, or by the simple fact of sleep replacing the crises as always? Or should we see in these facts merely a set of coincidences? That is what the future may reveal—if I am able to continue observing the evolution of this interesting illness.

Psychological observations, always delicate, here present a particular difficulty in that they must be conducted quickly and that, after only a few days, they become impossible. The ones I was able to carry out, without being complete, nonetheless form a kind of ensemble from which a general hypothesis may be drawn, I believe. The systematized anesthesia, this apparent disappearance of a specific sensation while all the others remain intact, has been interpreted in many ways. In earlier times, people believed in a "real" disappearance of sensation due to an objective cause, a sort of cloud before the eyes. Then it was explained as a purely subjective state of the somnambulist, a paralysis of the senses produced by command. Finally, it was suspected that the sensation was not truly destroyed, but had been "neutralized by the imagination" (Bernheim), or had become an "unconscious perception" (Binet and Fére). I believe, and I add this to my own observations on a particular subject, that we must go a little further in the same direction and say: "The apparently suppressed sensation remains perfectly real and conscious as before; it is simply separated from the whole of the psychic phenomena whose synthesis forms the idea of the self." We do not explain facts in the sciences without relating a particular fact to a more general one; systematized anesthesia is in the same class as the dissociation of psychic phenomena that, as suggested step by step in the experiences we have studied here, maybe includes many other facts. This dissociation itself—can it be an accidental result of the hypnotic sleep induced perhaps by suggestion? Certain observations are insufficient, I admit, to support this idea if it is the reverse—that is, if the suggestibility of somnambulists results from their state of dissociation. For my part, I notice that these phenomena occur with the greatest clarity in a subject suffering from severe hysteria. They appear alongside the pathological episodes and disappear with them; they exist naturally in this subject—in the tactile anesthesia, in the seizures, in the natural somnambulisms—so one might then think that dissociation is more a product of the illness than of hypnosis. This is a general fact that no doubt recurs in many other mental disturbances, and in this new science of pathological psychology—which, apart from M. Ribot and a small number of others, philosophers have largely neglected—this fact may perhaps play a role as considerable as that of association in normal psychology.

A few words remain to be said about the errors that may have been made in these observations. I am not speaking of the danger of simulation—it may seem serious only to those who have not followed the facts closely. The blending of real pathological phenomena often closely resembles artificially provoked ones: physical symptoms that cannot be simulated, numerous complaints from the subject about issues in real life far removed from us, and above all the complexity of these phenomena—which would require, on the part of a simulator, intelligence, attentiveness, and an understanding of the subject far too implausible—all ruled out such a supposition. The question of simulation in somnambulism has moreover been definitively addressed in the articles of M. Charles Richet. But there are other, more serious dangers: errors in observation, particularly when it involves states of consciousness that are often simultaneous and at times very brief; and above all the danger of clumsy suggestions, which teach the subject the expected result of the experiment. All I can say, as someone well aware of this danger, is that I took many precautions. The experiments took place only in the presence of indispensable witnesses; they were never prepared in advance and were conducted immediately, without any kind of explanation. The subject was never in other states of somnambulism and in no way doubted the question of hypnosis²⁷. Finally, I have always reported the facts as they occurred during the first experiment, and I compared them with those that happened later, when I was no longer considering the current problem. Despite this, it is evident that these psychological observations do not yet have the same level of precision as those of physics, which cannot be exposed to errors as long as science is pursued with honest effort.

Pierre Janet

²⁷ The subject, curious on this point, does not even know that I put her to sleep, and once awakened, she does not remember having been put to sleep.